

**Title18: Human Services**

**Part 16: Division of Community Services**

**Part 16 Chapter 1: Low-Income Energy Assistance Program**

*Rule 16.1 Low-Income Home Energy Assistance Program (LIHEAP) State Plan*

Source: Miss Code Annotated 43-1-2.

**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**DETAILED MODEL PLAN**

**PUBLIC LAW 97-35, AS AMENDED**

**FISCAL YEAR (FY) 2015**

**GRANTEE STATE OF MISSISSIPPI**

**EIN: 64-6000807**

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**PLEASE CHECK ONE: TRIBE \_\_\_\_\_ STATE X INSULAR AREA \_\_\_\_\_**

**Department of Health and Human Services  
Administration for Children and Families  
Office of Community Services  
Washington, DC 20447**

**August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01**

**OMB Approval No. 0970-0075**

**Expiration Date: 04/30/2015**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Section 1****Program Components, 2605(a), 2605(b)(1) – Assurance 1, 2605(c)(1)(C)**

- 1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

<input checked="" type="checkbox"/>	Heating assistance	Start date:	October 1	End date:	April 30
<input checked="" type="checkbox"/>	Cooling assistance	Start date:	May 1	End date:	September 30
<input checked="" type="checkbox"/>	Crisis assistance	Start date:	January 1	End date:	December 31
<input checked="" type="checkbox"/>	Weatherization assistance	Start date:	January 1	End date:	December 31

**Estimated Funding Allocation, 2604(c), 2605(k)(1), 2605(b)(9), 2605(b)(16) – Assurances 9 and 16**

- 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: **The total of all percentages must add up to 100%.**

37 % heating assistance

27 % cooling assistance

05 % crisis assistance

15 % weatherization assistance

01 % carryover to the following Federal fiscal year

10 % administrative and planning costs

05 % services to reduce home energy needs including needs assessment (Assurance 16)

00 % used to develop and implement leveraging activities

100 % **TOTAL**

**Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)**

- 1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

☐ Heating assistance

☐ Weatherization assistance

☒ Cooling assistance

☐ Other (specify): \_\_\_\_\_

**Categorical Eligibility, 2605(b)(2)(A) – Assurance 2, 2605(c)(1)(A), 2605(b)(8A) – Assurance 8**

- 1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? ☐ Yes ☒ No

	Heating	Cooling	Crisis	Weatherization
SNAP				
TANF				
SSI				
Means-tested veteran's program				
Other (Specify): _____ _____				

- 1.5 Do you automatically enroll households without a direct annual application?

☐ Yes ☒ No -- If yes, explain:

- 1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?

*See Eligibility Attachment*

**SNAP Nominal Payments**

1.7 Do you allocate LIHEAP funds toward a nominal payment for SNAP clients?

☐ Yes ☒ No

Amount of Minimal Assistance: \$\_\_\_\_\_

Frequency of Assistance:

☐ Once per year

☐ Once every five years

☐ Other (describe): \_\_\_\_\_

**Determination of Eligibility – Countable Income**

1. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?

☒ Gross Income

☐ Net Income

2. Select all of the applicable forms of countable income used to determine a household's income eligibility for LIHEAP.

☒ Wages

☒ Self-employment income

☒ Contract income

☐ Payments from mortgage or sales contracts

☒ Unemployment Insurance

☐ Strike pay

☒ Social Security Administration (SSA) benefits

☒ Including MediCare deduction ☐ Excluding MediCare deduction

☒ Supplemental Security Income (SSI)

☒ Retirement / pension benefits

- ☐ General Assistance benefits
- ☐ Temporary Assistance for Needy Families (TANF) benefits
- ☐ Supplemental Nutrition Assistance Program (SNAP) benefits
- ☐ Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
- ☐ Loans that need to be repaid
- ☐ Cash gifts
- ☐ Savings account balance
- ☐ One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
- ☐ Jury duty compensation
- ☐ Rental income
- ☐ Income from employment through Workforce Investment Act (WIA)
- ☐ Income from work study programs
- ☒ Alimony
- ☒ Child support
- ☐ Interest, dividends, or royalties
- ☐ Commissions
- ☐ Legal settlements
- ☐ Insurance payments made directly to the insured
- ☐ Insurance payments made specifically for the repayment of a bill, debt, or estimate
- ☒ Veterans Administration (VA) benefits
- ☐ Earned income of a child under the age of 18
- ☐ Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.

- ☐ Income tax refunds
- ☐ Stipends from senior companion programs, such as VISTA
- ☐ Funds received by household for the care of a foster child
- ☐ Ameri-Corp Program payments for living allowances, earnings, and in-kind aid.
- ☐ Reimbursements (for mileage, gas, lodging, meals, etc.)
- ☐ Other

**Section 2 - HEATING ASSISTANCE****Eligibility, 2605(b)(2) – Assurance 2**

2.1 Designate the income eligibility threshold used for the heating component:

2014 HHS poverty income level \_\_\_\_\_%

**OR**

FY 2015 state's median income 60 %

2.2 Do you have additional eligibility requirements for **HEATING ASSISTANCE**?

☒ Yes    ☐ No

2.3 Check the appropriate boxes below and describe the policies for each.

	<u>Yes</u>	<u>No</u>
● Do you require an assets test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Do you have additional/differing eligibility policies for:		
● Renters?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Renters living in subsidized housing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Renters with utilities included in the rent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Do you give priority in eligibility to:		
● Elderly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● Disabled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● Young children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● Households with high energy burdens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Other?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Determination of Benefits, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)**

- 2.4 Describe how you prioritize the provision of heating assistance to vulnerable households, e.g., benefit amounts, application period, etc.

*During the case management process, consideration is given to ensure compliance of this subsection. See Eligibility and Benefit Determination Attachment for further description.*

- 2.5 Check the variables you use to determine your benefit levels. (Check all that apply):

☒ Income

☒ Family (household) size

☐ Home energy cost or need:

☐ Fuel type

☐ Climate/region

☒ Individual bill

☐ Dwelling type

☐ Energy burden (% of income spent on home energy)

☐ Energy need

☐ Other (Describe)

**Benefit Levels, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)**

- 2.6 Describe benefit levels:

\$ \_\_\_\_\_ Minimum benefit

\$ 1,500 Maximum benefit

- 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?

☒ Yes   ☐ No -- If yes, describe.

*Blankets, heating systems, furnaces and other heating, energy-related materials/services may be provided depending on need, the case management result and client complying fully with the established case plan.*



**Section 3: COOLING ASSISTANCE****Eligibility, 2605(c)(1)(A), 2605(b)(2) – Assurance 2**

3.1 Designate the income eligibility threshold used for the cooling component:

2014 HHS poverty income level \_\_\_\_\_%

**OR**

FY 2015 median income 60 %

3.2 Do you have additional eligibility requirements for **COOLING ASSISTANCE**

☒ Yes    ☐ No

3.3 Check the appropriate boxes below and describe the policies for each.

	<u>Yes</u>	<u>No</u>
● Do you require an assets test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Do you have additional/differing eligibility policies for:		
● Renters?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Renters living in subsidized housing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Renters with utilities included in the rent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Do you give priority in eligibility to:		
● Elderly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● Disabled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● Young children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● Households with high energy burdens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Other?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3.4 Describe how you prioritize the provision of cooling assistance to vulnerable households, e.g., benefit amounts, application period, etc.

*During the case management process, consideration is given to ensure compliance of this subsection. See Eligibility and Benefit Determination Attachment for further description.*

**Determination of Benefits, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)**

3.5 Check the variables you use to determine your benefit levels. (Check all that apply):

☒ Income

☒ Family (household) size

☒ Home energy cost or need

☐ Fuel type

☐ Climate/region

☒ Individual bill

☐ Dwelling type

☐ Energy burden (% of income spent on home energy)

☐ Energy need

☐ Other (describe)

**Benefit Levels, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)**

3.6 Describe benefit levels:

\$\_\_\_\_\_ Minimum benefit      \$ 1,500 Maximum benefit

3.7 Do you provide in-kind (e.g. fans, air conditioners) and/or other forms of benefits?

☒ Yes    ☐ No -- If yes, describe.

*Fans, air conditioners, cooling systems and other cooling energy-related service may be provided depending on needs, case management result and client complying fully with the established case plan.*

**Section 4: CRISIS ASSISTANCE,****Eligibility - 2604(c), 2605(c)(1)(A)**

4.1 Designate the income eligibility threshold used for the crisis component:

2014 HHS poverty income level \_\_\_\_\_%

**OR**

FY 2015 state median income 60 \_\_\_\_\_%

4.2 Provide your LIHEAP program's definition for determining a crisis.

*See Eligibility and Determination Attachment*

4.3 What constitutes a life-threatening crisis?

*See Eligibility and Benefit Determination Attachment*

**Crisis Requirements, 2604(c)**

4.4 Within how many hours do you provide crisis assistance that will resolve the energy crisis for eligible households? 48 Hours

4.5 Within how many hours do you provide crisis assistance that will resolve the energy crisis for eligible households in life-threatening situations? 18 Hours

**Crisis Eligibility, 2605(c)(1)(A)**

4.6 Do you have additional eligibility requirements for **CRISIS ASSISTANCE?**

☐ Yes ☒ No

4.7 Check the appropriate boxes below and describe the policies for each.

	<u>Yes</u>	<u>No</u>
● Do you require an assets test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Do you give priority in eligibility to:		
• Elderly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Disabled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Young children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Households with high energy burdens? ☐ ☒
- Other? ☐ ☒
- In order to receive crisis assistance:
  - Must the household have received a shut-off notice or have a near empty tank? ☐ ☒
  - Must the household have been shut off or have an empty tank? ☐ ☒
  - Must the household have exhausted their regular heating benefit? ☐ ☒
  - Must renters with heating costs included in their rent have received an eviction notice? ☐ ☒
  - Must heating/cooling be medically necessary? ☐ ☒
  - Must the household have non-working heating or cooling equipment? ☐ ☒
  - Other? ☐ ☒
- Do you have additional/differing eligibility policies for:
  - Renters? ☐ ☒
  - Renters living in subsidized housing? ☐ ☒
  - Renters with utilities included in the rent? ☐ ☒

### Determination of Benefits

4.8 How do you handle crisis situations?

☐ Separate component

☒ Fast Track

☐ Other

4.9 If you have a separate component, how do you determine crisis assistance benefits?

☐ Amount to resolve crisis, up to a maximum of \$\_\_\_\_\_

☐ Other

**Crisis Requirements, 2604(c)**

4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?

☒ Yes ☐ No

4.11 Do you provide individuals who are physically disabled the means to:

■ Submit applications for crisis benefits without leaving their homes?

☒ Yes ☐ No If yes, explain.

■ Travel to the sites at which applications for crisis assistance are accepted?

☐ Yes ☒ No If yes, explain.

**Benefit Levels, 2605(c)(1)(B)**

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis \$\_\_\_\_\_ maximum benefit

Summer Crisis \$\_\_\_\_\_ maximum benefit

Year-round Crisis \$ 1,500 maximum benefit

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

☒ Yes ☐ No If yes, describe.

4.14 Do you provide for equipment repair or replacement using crisis funds?

☒ Yes ☐ No

4.15 Check appropriate boxes below to indicate type(s) of assistance provided:

	Winter Crisis	Summer Crisis	Year- round Crisis
Heating system repair			X
Heating system replacement			X
Cooling system repair			X
Cooling system replacement			X
Wood stove purchase			X
Pellet stove purchase			X
Solar panel(s)			
Windmill(s)			
Utility poles / Gas line hook-ups			X
Other (Specify): _____			

4.17 Do any of the utility vendors you work with enforce a winter moratorium on shut offs?

☒ Yes      ☐ No \_\_\_\_\_

4.18 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.

*The State of Mississippi does not have a moratorium period.*

**Section 5: WEATHERIZATION ASSISTANCE****Eligibility, 2605(c)(1)(A), 2605(b)(2) – Assurance 2**

5.1 Designate the income eligibility threshold used for the weatherization component:

2014 HHS poverty income level \_\_\_\_\_%

**OR**

FY 2015 state median income 60 \_\_\_\_\_%

5.2 Do you enter into an interagency agreement to have another government agency administer a **WEATHERIZATION component**? ☐ Yes ☒ No

5.3 Name the agency. \_\_\_\_\_

5.4 Is there a separate monitoring protocol for weatherization? ☐ Yes ☒ No

**WEATHERIZATION - Types of Rules**

5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)

☐ Entirely under LIHEAP (not DOE) rules

☒ Entirely under DOE WAP (not LIHEAP) rules

☐ Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ: (Check all that apply.)

☐ Income Threshold

☐ Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days.

☐ Weatherization of shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities) is permitted.

☐ Other (describe)

☐ Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ: (Check all that apply.)

☐ Income Threshold

☐ Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

☐ Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.

☐ Other (describe)

### Eligibility, 2605(b)(5) – Assurance 5

	<u>Yes</u>	<u>No</u>
5.6 Do you require an assets test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.7 Do you have additional/differing eligibility policies for:		
• Renters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Renters living in subsidized housing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.8 Do you give priority in eligibility to:		
• Elderly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Disabled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Young children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Households with high energy burdens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Other?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?

☒ Yes ☐ No

5.10 What is the maximum amount? \$ 6,987



**Types of Assistance, 2605(c)(1), (B) & (D)**

5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits | <input type="checkbox"/> Major appliance repairs                      |
| <input checked="" type="checkbox"/> Caulking and insulation                 | <input type="checkbox"/> Major appliance replacement                  |
| <input checked="" type="checkbox"/> Install storm windows                   | <input type="checkbox"/> Install windows/sliding glass doors          |
| <input checked="" type="checkbox"/> Heating system repairs                  | <input checked="" type="checkbox"/> Install doors (interior/exterior) |
| <input checked="" type="checkbox"/> Heating system replacement              | <input checked="" type="checkbox"/> Install water heater              |
| <input checked="" type="checkbox"/> Cooling system repairs                  | <input checked="" type="checkbox"/> Water conservation measures       |
| <input checked="" type="checkbox"/> Cooling system replacement              | <input checked="" type="checkbox"/> Compact florescent light bulbs    |
| <input checked="" type="checkbox"/> Energy related roof repair              | <input type="checkbox"/> Other (describe)                             |

**Section 6: Outreach, 2605(b)(3) – Assurance 3, 2605(c)(3)(A)**

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

- ☒ Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- ☒ Publish articles in local newspapers or broadcast media announcements.
- ☒ Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- ☐ Mass mailing(s) to prior-year LIHEAP recipients.
- ☒ Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- ☒ Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- ☐ Other (specify):

**Section 7: Coordination, 2605(b)(4) – Assurance 4**

7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.)

- ☐ Joint application for multiple programs
- ☒ Intake referrals to/from other programs
- ☐ One-stop intake centers
- ☐ Other – describe:

**Section 8: Agency Designation, 2605(b)(6) – Assurance 6**

8.1 How would you categorize the primary responsibility of your State agency?

- ☐ Administration Agency
- ☐ Commerce Agency
- ☐ Community Services Agency
- ☐ Energy/Environment Agency
- ☐ Housing Agency
- ☒ Welfare Agency
- ☐ Other – describe:

**Alternate Outreach and Intake, 2605(b)(15) – Assurance 15**

8.2 How do you provide alternate outreach and intake for **HEATING ASSISTANCE**?

*The State Agency also administers the State Welfare Program, however, different divisions administers the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across the state are serviced by qualified Case Manager/Caseworkers that provides outreach and intake services. The typical hours of operation for eligible entities are Monday-Friday from 7:30 am – 6:00 pm.*

8.3 How do you provide alternate outreach and intake for **COOLING ASSISTANCE**?

*The State Agency also administers the State Welfare Program, however, different divisions administers the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across the state are serviced by qualified Case Manager/Caseworkers that provides outreach and intake services. The typical hours of operations for eligible entities are Monday – Friday from 7:30 am – 6:00 pm.*

8.4 How do you provide alternate outreach and intake for **CRISIS ASSISTANCE**?

*The State Agency also administers the State Welfare Program, however, different divisions administers the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across the state are serviced by qualified Case Manager/Caseworkers that provides outreach and intake services. The typical hours of operations for eligible entities are Monday – Friday from 7:30 am – 6:00 pm.*

	<u>Heating</u>	<u>Cooling</u>	<u>Crisis</u>	<u>Weatherization</u>
Who determines client eligibility?	CAA	CAA	CAA	
Who processes benefit payments to gas and electric vendors?	CAA	CAA	CAA	N/A
Who processes benefit payments to bulk fuel vendors?	CAA	CAA	CAA	N/A
Who performs installation of weatherization measures?	N/A	N/A	N/A	CAA

## 8.5 What is your process for selecting local administering agencies?

*We have chosen agencies based on prior experience administering similar programs. Agencies must submit a successful proposal for review, comply with audit requirements and have satisfactory performance reviews.*

## 8.6 How many local administering agencies do you use?

20

## 8.7 Have you changed any local administering agencies from last year?

☐ Yes      ☒ No

8.8 Why?

- ☐ Agency was in noncompliance with grantee requirements for LIHEAP
- ☐ Agency is under criminal investigation
- ☐ Added agency
- ☐ Agency closed
- ☐ Other - describe

**Section 9: Energy Suppliers, 2605(b)(7) – Assurance 7**

9.1 Do you make payments directly to home energy suppliers?

Heating ☒ Yes ☐ No

Cooling ☒ Yes ☐ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☐ Yes ☒ No

9.2 How do you notify the client of the amount of assistance paid?

*Clients submitting Pre-Applications must receive notification of an appointment for Orientation or services within fifteen (15) days of submission of the Pre-Application. Once intake is initiated, the clients' application status must change to Waiting on Approval within ten (10) days. Then the application must be acted upon and changed to Approved, Denied or Return for Corrections within two (2) days. Agency cancellations must occur within twenty-four (24) hours after Approved. Payment must occur within twenty (20) business days after application has been approved.*

*A decision as to the eligibility status should be determined at the time of intake assessment based on the utility bill presented. The designated staff should make every effort to assist clients in obtaining needed eligibility information. Life threatening emergencies such as life support, ventilator machines, or other medical equipment requiring ongoing utility usage must be provided services or provisions made within eighteen (18) hours of initial contact. Non-life threatening emergencies services must be provided or provisions must be made within forty-eight (48) hours of initial contact.*

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

*Vendor Agreements the CAA has with the energy supplier.*

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

*Vendor Agreements the CAA has with the energy supplier.*

9.5 Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? ☐ Yes ☒ No.  
If so, how?

**Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10) – Assurance 10**

10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?

*See Fiscal Accounting and Tracking requirements Attachment.*

**Audit Process**

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A-133?

☒ Yes

☐

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited federal fiscal year.

Finding	Type	Brief Summary	Resolved?	Action Taken
1	<i>None</i>			
2				
3				
4				
5				

10.4. Audits of Local Administering Agencies

- What types of annual audit requirements do you have in place for local administering agencies/district offices?

☒ Local agencies/district offices are required to have an annual audit in compliance with the Single Audit Act and OMB Circular A-133.

☐ Local agencies/district offices are required to have an annual audit (other than A-133).

☐ Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.

☒ Grantee conducts fiscal and program monitoring of local agencies/district offices.

**Compliance Monitoring**

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures by:

Grantee employees:

- ☒ Internal program review
- ☒ Departmental oversight
- ☒ Secondary review of invoices and payments
- ☐ Other program review mechanisms are in place. Describe:

Local Administering Agencies/District Offices:

- ☒ On-site evaluation
- ☒ Annual program review
- ☐ Monitoring through Central Database
- ☒ Desk reviews
- ☒ Client File Testing/Sampling
- ☐ Other program review mechanisms are in place. Describe:

10.6. Explain, or attach a copy of, your local agency monitoring schedule and protocol.

*See MDHS Program Integrity (Monitoring) and DCS (T&TA) attachment*

10.7. Describe how you select local agencies for monitoring reviews?

Site Visits: *All are monitored*

Desk Reviews: *10 each year for T&TA. However, monthly reports are reviewed.*

10.8. How often is each local agency monitored?

*Yearly*

10.9. What is the combined error rate for eligibility determinations?

*None*

10.10. What is the combined error rate for benefit determinations?

*None*

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues?

*None*

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues?

*None*



**Section 11: Timely and Meaningful Public Participation, 2605(b)(12) – Assurance 12, 2605(c)(2)**

11.1 How did you obtain input from the public in the development of your LIHEAP plan?  
Check all that apply:

- ☐ Tribal Council meeting(s)
- ☒ Public Hearing(s)
- ☒ Draft Plan posted to website and available for comment
- ☒ Hard copy of plan is available for public view and comment
- ☒ Comments from applicants are recorded
- ☐ Request for comments on draft Plan is advertised
- ☐ Stakeholder consultation meeting(s)
- ☐ Comments are solicited during outreach activities
- ☐ Other, describe:

11.2 What changes did you make to your LIHEAP plan as a result of this participation?

**Public Hearings, 2605(a)(2)**

11.3 List the date(s) and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

Date	Event Description
June 10, 2014	Mississippi State Capitol, 400 High Street, Room 113, Jackson, Mississippi

11.4 How many parties commented on your plan at the hearing(s)?

11.5 Summarize the comments you received at the hearing(s).

11.6 What changes did you make to your LIHEAP plan as a result of the public hearing(s)?

**Section 12: Fair Hearings, 2605(b)(13) – Assurance 13**

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year?

*None*

12.2 How many of those fair hearings resulted in the initial decision being reversed?

*None*

12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

*None*

12.4 Describe your fair hearing procedures for **households whose applications are denied.**

*See Fair Hearing Policy Attachment*

12.5 When and how are applicants informed of these rights?

*Clients should be informed of the Fair Hearing Process during orientation and/or intake process at the CAA. Upon denial of services, a copy of the Fair Hearing Process will be mailed with the denial letter to the applicant. The process for fair hearings is clearly posted in CAAs.*

12.6 Describe your fair hearing procedures for **households whose applications are not acted on in a timely manner.**

*Clients submitting Pre-Applications must receive notification of appointment for Orientation or services within fifteen (15) business days of submission of the Pre-application. Once intake is initiated, the client's application status must change to Waiting on Approval within ten (10) business days. Then the application must be acted upon with a change to Approved, Denied or Returned for Correction within two (2) business days. Agency cancellations must occur within twenty-four hours after Approved. Afterwards, any cancellation requests must be made by the Agency's Executive Director in writing to the Director of the Division of Community Services and must occur prior to the creation of the agency's electronic file for payment. Payment must occur within twenty (20) business days after application has been approved. In instances where the application was not acted upon in a timely manner, the agency has two (2) business days to complete the intake process.*

**12.7 When and how are applicants informed of these rights?**

*Applicants are informed of their hearing rights during the application process. The intake form signed by each applicant has a statement which says "I understand that I have the right to appeal within thirty (30) days from date of notification from your office advising me that I may request a fair hearing if I am dissatisfied with the results of my application."*

*The State encourages and provides an opportunity for a fair administrative hearing process to an applicant whose claim for assistance under the State Plan is denied or is not acted upon with reasonable promptness. As a part of funding requirement, local subgrantees are required to submit a fair hearing plan. The Due process begins at the local level and concludes with a formal hearing after this level. The local Subgrantees are required to assist the complainant in the process. Any applicant who is dissatisfied initiates a request for a hearing by filing a written request with the local Subgrantee where the application was originally made. The applicant may represent themselves or seek the assistance of others including legal counsel. (Legal costs are not paid with LIHEAP funds.)*

*The local agencies conduct the initial hearing and provide for:*

- 1. A hearing officer to conduct the hearing locally;*
- 2. If it is not resolved on the local level, all the hearing materials are submitted to the state agency (MDHS/DCS) in order for the case to be reviewed, reach a decision, and notify the complainant of the decision reached based on facts and evidence.*

*The fair hearing process applies to all LIHEAP components. A detailed hearing process is in the LIHEAP Manual of Instructions given to all the local subgrantees.*

**Section 13: Reduction of home energy needs, 2605(b)(16) – Assurance 16****13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?**

*LIHEAP funds are used to provide activities that include: consumer education classes, vendor-sponsored workshops, low-cost, and no cost weatherization measures to eligible clients.*

**13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?**

*The State of Mississippi is aware of the limitation and assures that the 5% statutory ceiling requirement for assurance 16 will not be violated based on the allocation awarded to subgrantees and the Request for Cash and Reporting Worksheet.*

- 13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.

*A total of 1,300 households were impacted by activities that included: consumer education classes, vendor-sponsored workshops, low-cost, no-cost weatherization measures for clients eligible for the program.*

- 13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.

- 13.5 How many households applied for these services?

*1,300*

- 13.6 How many households received these services?

*1,300*

**Section 14: Leveraging Incentive Program, 2607A**

14.1 Do you plan to submit an application for the leveraging incentive program?

☒ Yes      ☐ No

14.2 Describe instructions to the third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.

*See Below*

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii), describe the following:

What is the type of resource or benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with the LIHEAP program?
<i>See Below</i>	<i>See Below</i>	<i>See Below</i>

*The State shall participate in the LIHEAP Leveraging Program. The State and local subgrantees will solicit non-federal dollars in order to qualify to compete for leveraging incentive funds. Based on 2014 leveraging amounts the State plans to leverage a minimum of 10 percent or more in FY 2015. Several organizations, individuals, etc. will be contacted to make cash and in-kind contributions, such as discounts, arrearage forgiveness, fuel funds, credit, volunteer, WX materials, waivers: disconnections, deposits and reconnect fees, etc.*

*The State coordinates leveraging with the LIHEAP program to provide consumer education with our clients to encourage them to conserve energy and the disadvantages of getting services interrupted. It is more costly for the client and the utility providers to have re-connections. Leveraging resources also provide additional services to more clients in LIHEAP. Coordination also compliments our budget program in LIHEAP to allow clients to better manage resources.*

*\*Leveraged resources/benefits that are counted under criterion (iii) in 45 CFR 96.87(d)(2) must be identified and described in the grantees LIHEAP plan and distributed as indicated in the plan. In addition, leveraging resources/benefits that are counted under criterion (ii) must be carried out under one or more components of the grantee's regular LIHEAP program*

**Section 15: Training**

15.1. Describe the training you provide for each of the following groups:

a. Grantee Staff:

☒ Formal training on grantee policies and procedures

How often?

☒ Annually

☐ Biannually

☐ As needed

☐ Other – Describe:

☒ Employees are provided with policy manual

☐ Other – Describe:

b. Local Agencies:

☒ Formal training conference

How often?

☒ Annually

☐ Biannually

☐ As needed

☐ Other – Describe:

☒ On-site training

How often?

☐ Annually

☒ Biannually

☐ As needed

☐ Other – Describe:

☒ Employees are provided with policy manual

☐ Other – Describe:

c. Vendors

☒ Formal training conference

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other – Describe:

☒ Policies communicated through vendor agreements

☐ Policies are outlined in a vendor manual

☐ Other – Describe:

15.2. Does your training program address fraud reporting and prevention?

☒ Yes

☐ No

**Section 16: Performance Goals and Measures, 2605(b)**

- 16.1 Describe performance goals and measures that will be tracked for the upcoming Federal fiscal year.

*See LIHEAP Service Delivery Plan Attachment*

- 16.2 Summarize results of performance goals and measures for the prior Federal fiscal year.

*See LIHEAP Service Delivery Plan Attachment*

**Section 17: Program Integrity, 2605(b)(10)****17.1 Fraud Reporting Mechanisms**

- a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse.

☐ Online Fraud Reporting

☐ Dedicated Fraud Reporting Hotline

☒ Report directly to local agency/district office or Grantee office

☐ Report to State Inspector General or Attorney General

☐ Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse.

☐ Other – describe:

- b. Describe strategies in place for advertising the above-referenced resources.

☒ Printed outreach materials

☒ Addressed on LIHEAP application

☐ Website

☐ Other – describe:



**17.2 Identification Documentation Requirements**

- a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.

<b>REQUIRED Type of Identification Collected</b>	<b>Collected from Whom?</b>		
	<b>Applicant Only</b>	<b>All Adults in HH</b>	<b>HH Members Seeking Assistance*</b>
Social Security Card is photocopied and retained	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input checked="" type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>	Requested <input checked="" type="checkbox"/>
Social Security Number (without actual card)	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input checked="" type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>	Requested <input checked="" type="checkbox"/>
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	Required <input type="checkbox"/>	Required <input checked="" type="checkbox"/>	Required <input type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input checked="" type="checkbox"/>	Requested <input type="checkbox"/>
Other: _____	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input type="checkbox"/>

\*Households may include members who are not seeking assistance and may not be included in the household count.

- b. Describe any exceptions to the above policies.

**17.3 Identification Verification**

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members.

- ☐ Verify SSNs with Social Security Administration
- ☐ Match SSNs with death records from Social Security Administration or state agency
- ☐ Match SSNs with state eligibility/management system (e.g., SNAP, TANF)
- ☐ Match with state Department of Labor system
- ☐ Match with state and/or federal corrections system
- ☐ Match with state child support system

- ☐ Verification using private software (e.g., The Work Number)
- ☒ In-person certification by staff
- ☐ Match SSN/Tribal ID number with tribal database
- ☐ Other – describe:

#### 17.4 **Citizenship/Legal Residency Verification**

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits?

- ☐ Clients sign an attestation of citizenship or legal residency
- ☐ Clients' submission of Social Security cards is accepted as proof of legal residency
- ☒ Noncitizens must provide documentation of immigration status
- ☒ Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- ☐ Noncitizens are verified through the SAVE system
- ☐ Tribal members are verified through Tribal database/Tribal ID card
- ☐ Other – describe:

#### 17.5 **Income Verification**

What methods does your agency utilize to verify household income?

- ☒ Require documentation of income for all adult household members
  - ☒ Pay stubs
  - ☒ Social Security award letters
  - ☐ Bank statements
  - ☐ Tax statements
  - ☒ Zero-income statements
  - ☒ Unemployment Insurance letters

☐ Other – describe:

☐ Computer data matches:

☐ Income information matched against state computer system (e.g., SNAP, TANF)

☐ Proof of unemployment benefits verified with state Department of Labor

☐ Social Security income verified with SSA

☐ Utilize state directory of new hires

☐ Other – describe:

### **17.6 Protection of Privacy and Confidentiality**

Describe the financial and operating controls in place to protect client information against improper use or disclosure.

☒ Policy in place prohibiting release of information without written consent

☒ Grantee LIHEAP database includes privacy/confidentiality safeguards

☒ Employee training on confidentiality for:

☒ Grantee employees

☒ Local agencies/district offices

☒ Employees must sign confidentiality agreement

☒ Grantee employees

☒ Local agencies/district offices

☒ Physical files are stored in a secure location

☐ Other – describe:

**17.7 Verifying the Authenticity of Energy Vendors**

What policies are in place for verifying vendor authenticity?

- ☐ All vendors must register with the State
- ☐ All vendors must supply a valid SSN or TIN/W-9 form
- ☒ Vendors are verified through energy bills provided by the household
- ☐ Grantee and/or local agencies/district offices perform physical monitoring of vendors
- ☐ Other – describe, and note any exceptions to policies above:

**17.8 Benefits Policy – Gas and Electric Utilities**

What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients?

- ☒ Applicants required to submit proof of physical residency
- ☒ Applicants must submit current utility bill
- ☐ Data exchange with utilities that verifies:
  - ☒ Account ownership
  - ☐ Consumption
  - ☒ Balances
  - ☐ Payment history
  - ☒ Account is properly credited with benefit
  - ☐ Other – describe:
- ☒ Centralized computer system/database tracks payments to all utilities
- ☐ Centralized computer system automatically generates benefit level
- ☒ Separation of duties between intake and payment approval
- ☐ Payments coordinated among other heating assistance programs to avoid duplication of payments

- ☒ Payments to utilities and invoices from utilities are reviewed for accuracy
- ☒ Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
- ☐ Direct payment to households are made in limited cases only
- ☐ Procedures are in place to require prompt refunds from utilities in cases of account closure
- ☐ Vendor agreements specify requirements selected above, and provide enforcement mechanism
- ☐ Other – describe:

#### 17.9 **Benefits Policy — Bulk Fuel Vendors**

What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors?

- ☐ Vendors are checked against an approved vendors list
- ☐ Centralized computer system/database is used to track payments to all vendors
- ☐ Clients are relied on for reports of non-delivery or partial delivery
- ☐ Two-party checks are issued naming client and vendor
- ☐ Direct payment to households are made in limited cases only
- ☐ Conduct monitoring of bulk fuel vendors
- ☐ Bulk fuel vendors are required to submit reports to the Grantee
- ☐ Vendor agreements specify requirements selected above, and provide enforcement mechanism
- ☒ Other – describe:

*Unregulated Energy Vendors are not included as LIHEAP energy providers. The department requires subgrantees to recertify the eligibility of energy vendors annually. All new vendors must have the proper documentation, and meet standard criteria prior to approval by the local and state agency. Only vendors approved by MDHS are able to receive payments. Only Virtual ROMA staff can edit vendor status.*

**17.10 Investigations and Prosecutions**

Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud.

- ☐ Refer to state Inspector General
- ☐ Refer to local prosecutor or state Attorney General
- ☐ Refer to US DHHS Inspector General (including referral to OIG hotline)
- ☒ Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
- ☒ Grantee attempts collection of improper payments. If so, describe the recoupment process.
- ☒ Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
- ☐ Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
- ☐ Vendors found to have committed fraud may no longer participate in LIHEAP
- ☐ Other – describe:

# Attachments

**ATTACHMENT-ELIGIBILITY**

**Statutory Reference 2605 (b) (5)**  
**2605 (b) (2)**  
**2605 (b) (8) (A)**  
**2605(b) (10)**

The State assures through Virtual ROMA that it will provide, in a timely manner, the highest level of assistance to those households (with the highest home energy needs which takes into account both the energy burden and the unique situation of the vulnerable population) which have the lowest incomes and the highest home energy cost in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in the above referenced clauses.

The State further assures that it will not differentiate in the treatment of households eligible for services because of their income and as the recipients of TANF, Food Stamps, SSI or certain means-tested veterans program certified as “categorically eligible”. This applies to all LIHEAP components (cooling, heating, crisis and weatherization).

The specific measures to ensure there is no difference in eligibility determination and benefit amounts is not to use categorical eligibility in all components. All applicant households must complete the established application process, case management process and eligibility determination described on Attachment B before assistance is provided.

The utilization of Virtual ROMA has resulted in additional fiscal control tracking capabilities for LIHEAP funds by:

- All LIHEAP funds expended must originate via Virtual ROMA.
- LIHEAP payments only occur based on client services that are in “approved” status in Virtual ROMA.
- Greater visibility by State to view, monitor and track fiscal process and payment on a state-wide basis across agencies.
- Programmatic staff must work closely with fiscal staff to determine timeframe for payment so that program reports are generated for the specified timeframe and given to fiscal.
- Fiscal compares, reviews and authorizes payment report before any payment. Any discrepancies identified between Program Reports and the electronic payment files are reconciled by Fiscal and Program before payment occurs.
- Virtual ROMA prohibits approvals from unauthorized program users and restricts any Fiscal User from the ability to approve client services.
- Energy vendors who are registered users of Virtual ROMA are able to review their clients’ approved amounts and compare to ensure accuracy of amounts and clients’ accounts.



**ATTACHMENT- ELIGIBILITY AND BENEFIT DETERMINATION****Statutory Reference 2605 (B) (2)**

Each applicant household requesting for LIHEAP assistance must complete application process for eligibility determination. The application process involves a **case management approach**. This approach is an interaction between the client and a caseworker/manager. During the interaction process caseworker/case manager obtains vital information about social and economic conditions of the entire household. This process assists in identifying households' needs including those with high energy burdens. It also helps to identify those households that are at risk or in crisis so that a **service plan** can be developed to assist these households to become stable and self-reliant.

Income eligibility is set at or below 60% of the State Median Income that are in effect at the time of submission of the application. An application is taken on the applicant household by the local subgrantee agencies. All applications must be taken in the Virtual ROMA system. Eligibility and benefit level are determined upon supervisory review, and an approval or denial letter will be sent to the client. Assistance from another program may also be provided to eligible households, especially those households enrolled in and complying with the established service plan. If an eligible client declared zero income in prior year and is in compliance with their case management plan, the client's case must be reassessed before monetary assistance can be provided. If the client declared zero income in prior year and is not in compliance with the case management plan, the caseworker must show all attempts to assist the client in their efforts, but is not required to provide monetary assistance. Should a client who enrolled in case management fail to comply with the mutually agreed upon goals established in the service plan without a legitimate reason(s), cash assistance may be discontinued until there is evidence of compliance or legitimate reason(s). No cash assistance will be provided if a custodial parent (client) fail to provide evidence that he/she has or is willing to pursue child support from the absent parent or is out of compliance with TANF or other public assistance programs. However, other non-financial assistance such as case management, referral, etc. may be provided. If a client has a two month bill, an eligible household may receive energy assistance for their current month's bill. The client is responsible for past due amount before agency can make a payment. Emergency situations may be reviewed by agency Supervisor and client may receive assistance for prior month bill. If an energy bill is in the deceased spouse's name, the current head of household may be eligible for energy assistance. However, case managers will assist the client with changing the bill into the living spouse's name where and when possible.

This year, the state will has a maximum benefit amount for LIHEAP assistance. A household cannot receive more than \$1,500 in benefits for the program year. This amount may be adjusted from year to year based on the state's allocation. An exception will be given to weatherization clients in need of a heating/cooling unit. The cost of the unit is not included in the \$1,500 maximum benefit amount.

Priority is given to the elderly and disabled. In elderly/disabled zero income cases or crisis cases, clients will be assisted with LIHEAP and service plan done to access any resources available to the client, such as social security, disability, prescription assistance, etc. Live-in

attendants income can be excluded if it is determined that (1) the live-in is essential to the care and well-being of the person; and (2) would not be living in the unit except to provide the necessary supportive services.

**NOTE:** A Case Plan is a process whereby a client and a case worker/manager jointly establish goal(s) designed to enhance the client's educational and job opportunities in order for the client to become stable, self-sufficient or thriving. The level of cash amount to be awarded to eligible households depends on the applicant's bill amount, the result of case management analysis and degree of participation on the established case plan.

There are two types of crisis situations, emergency crisis and non-emergency crisis.

A. Emergency crisis is a relief following a natural or man-made disaster that is considered unexpected or life threatening.

Examples:

1. Income loss within last 30 days due to layoff, consequences resulting in termination of benefits, or theft
2. Natural disaster (Fire, tornado, flood, etc.), and extreme inclement weather conditions as determined by the National Weather Service
3. Person(s) on life support
4. Unexpected expense (Death of immediate family member, funeral expense, high medical expense, etc.)

B. Non-Emergency crisis is any other cause that is not considered immediate life threatening.

Examples:

1. Employment
2. Education
3. Income Management
4. Other

Crisis situations will be determined by the case manager and the client evaluation.

**ATTACHMENT-COORDINATION OF LIHEAP ACTIVITIES****Statutory reference 2605 (b) (4)**

The State agrees to coordinate its activities under this title with similar and related programs administered by the Federal Government and the State, particularly low-income energy-related programs under Subtitle B of Title VI (relating to Community Services Block Grant Program), under the Supplemental Security Income Program under Part A of Title IV of the Social Security Act, under Title XX of the Social Security Act, under the Low-Income Weatherization Assistance Program, under Title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964, before the date of the enactment of this Act.

The Division of Community Services (DCS) of the Mississippi Department of Human Services administers LIHEAP, the Community Services Block Grant (CSBG), and the Low-Income Weatherization Assistance Program (WAP). By operating these programs under one division, it provides high potential for enhancing coordination. Also, it minimizes duplication of services between LIHEAP and other related programs under the Social Security Act, the Energy Conservation and Production Act and other related programs which are administered under the Economic Opportunity Act of 1964. A referral mechanism is in place (through the case management approach) to refer to, and receive referrals from other social service providers and energy vendors. LIHEAP clients identified as high energy users due to the poor condition of their homes are referred to the Weatherization Assistance Program, and priority is given to elderly and disabled individuals. Also the program is coordinated with the United States Department of Agriculture – Rural Development, Housing and Urban Development and local city governments.

Other forms of coordination involves soliciting local funds as leveraging from organizations, individuals, philanthropy agencies and energy vendors. The leveraging funds generated are used to maintain the level of service or to assist additional eligible clients. Subgrantees are encouraged to participate in leveraging local funds to supplement LIHEAP.

DCS will use one automated intake application for all the programs (LIHEAP, WAP, and CSBG), called the Virtual ROMA Tracking System. In addition, each applicant household's case folder (personal data information) is placed in one file known as a single filing system. The one intake application process and single filing system are viable means of coordinating efforts. It has the potential of cost savings. Another attribute is it enhances a case management approach by allowing licensed social workers, case workers, and case managers the opportunity to do a more thorough and comprehensive assessment of the economic and social conditions of all the household members and to provide service(s) accordingly for the attainment of stability and self-sufficiency.

**ATTACHMENT-FISCAL ACCOUNTING AND TRACKING REQUIREMENTS****Statutory reference 2605 (b)(10)**

The State requires all local Subgrantees requesting LIHEAP funds to submit Monthly Reporting Worksheets. These Reporting Worksheets show expenditures such as Program Assistance (regular), ECIP, Program Support and Administration. They also show expenditures by cost category and line items. Documentation from Virtual ROMA will be required to support costs reflected on Reporting Worksheets and Requests for Cash as a means to adhere to mandates by DPI to monitor costs reported for the month. Also, Requests for Cash are submitted based on current needs. Federal funds made available to the State under this title will disburse administrative and programmatic funds to local Subgrantees in accordance with the LIHEAP Statute, and the overall contractual allocation for each subgrantee regulates the maximum allowable expenditures. Procedural manuals are in place which covers a range of fiscal and accounting rules and regulations with which Subgrantees must comply. Also, to further account for LIHEAP federal funds, 19 of 20 DCS Subgrantees use the same accounting software, GMS, which allows tracking through Virtual ROMA. It allows easy access in training new personnel, as well as existing personnel in the effective use of the GMS software and DCS requirements. DCS requires that Subgrantees use the MS State Personnel Board policies and procedures in filling vacant financial positions. These procedures assure that eligible entities require at least the minimum qualifications outlined by the MS State Personnel Board in order to maintain qualified financial staff. Subgrantees will not be required to replace existing staff who have already been employed in these positions, however, eligible entities must assure that existing staff is properly trained to function in their current capacity.

Local subgrantees are required to have and submit an annual audit performed annually by an independent Certified Public Accountant. Also, the State complies with the Single Audit Act requirement.

Subgrants will be monitored annually by the Division of Program Integrity. Periodic reviews to the subgrantee, both announced and unannounced will be conducted by the Division of Community Services.

The State continuously provides training and technical assistance to the subgrantees on program and fiscal management to enhance program compliance and quality service delivery to eligible households. DCS program and fiscal staff also conduct special training targeted at new subgrantee staff to ensure program compliance.

**ATTACHMENT-LIHEAP SERVICE DELIVERY PLAN****Statutory reference 2605 (b)**

The LIHEAP statute identifies the following two groups of low-income households below as having the “highest home energy needs”:

- **Vulnerable Households:** Vulnerable households are those with at least one member who is a young child, an individual with disabilities, or a frail older individual. The statute does not define the terms, “young children,” “individuals with disabilities,” and “frail older individuals.” The concern is that such households face serious health risks if they do not have adequate heating or cooling in their homes. Health risks can include death from hypothermia or hyperthermia and increased susceptibility to other health conditions such as stroke and heart attacks.
- **High Burden Households:** High burden households are those households with the lowest incomes and highest home energy costs. The concern is that such households will face safety risks in trying to heat or cool their home if they cannot pay their heating or cooling bills. Safety risks can include use of makeshift heating sources or inoperative/faulty heating or cooling equipment that can lead to indoor fires, sickness, or asphyxiation.

Administration for Children and Families (ACF) has included in its LIHEAP performance plan the program goal of “increasing the availability of LIHEAP fuel assistance to vulnerable and high burden households whose health and/or safety are endangered by living in a home without sufficient heating or cooling.” ACF has translated the program goal into the following explicit targeting performance goals of increasing the targeting index of:

- LIHEAP recipient households having at least one member 60 years or older compared to non-vulnerable LIHEAP recipient households;
- LIHEAP recipient households having at least one member five years or younger compared to non-vulnerable LIHEAP recipient households; and
- LIHEAP recipient high-energy burden households compared to LIHEAP recipient low-energy burden households.

LIHEAP’s targeting performance is a proxy measure for health and safety outcomes. Improving targeting performance for eligible vulnerable households can help such households avoid serious health risks if they cannot afford to adequately heat or cool their homes.

**ATTACHMENT-LIHEAP SERVICE DELIVERY PLAN****Statutory reference 2605 (b)****LIHEAP Performance Measures**

The State will comply with the LIHEAP Performance Measures for FFY 2015. Coordination with the 5 largest electric vendors and 5 largest gas vendors in the state will enable the state to provide data for the LIHEAP Performance Measures report due at the end of FFY 2015.

**LIHEAP Objectives**

Each agency **must** address the six LIHEAP goals shown in the attached goal section and each LIHEAP goal and outcome measure **must be quantified**. Agencies must ensure that they have reviewed previous year totals to estimate more accurate totals for upcoming year. The LIHEAP goals and objectives should be integrated and reported as part of Virtual ROMA. All clients with high energy burdens **must** be referred to Weatherization.

**A. GOAL**

To target and provide financial assistance and consumer education to all low income households being served, taking into account both energy consumption and vulnerability of one or more household members (disabled, elderly and children) while at the same time reducing the client's burden of energy costs/consumption.

**Note: The goals may be measured by one or more of the following outcome measures as shown after each goal. Each Agency may select one or more of the outcome measures for each goal. Quantify the number of clients to be assisted under each goal.**

**OUTCOME MEASURES**

1. Stabilize clients after LIHEAP and/or weatherization assistance.
2. Stabilize the vulnerable (disabled, elderly, and children) targeted households served, as well as those involved in case management to become self-sufficient.

**MEASURABLE ACTIVITIES**

1. Obtain energy statements and/or bills of clients 6 months before and 6 months after energy assistance. Calculate and compare the statements and/or bills for the (12) month period, paying particular attention to justify the increase and decrease of the clients' statements and/or bills. Maintain an accurate record and/or bills of clients 6 months before and 6 months after energy assistance. Calculate and compare the statements and/or bills

for the (12) month period, paying particular attention to justify the increase and decrease of the clients' statements and/or bills.

2. Provide counseling and maintain an accurate record of energy consumption orientations and private individual sessions. Maintain an accurate record of LIHEAP households who completed financial assistance/counseling sessions.
3. Maintain an accurate record of the number of clients referred to the Weatherization Assistance Program that actually received services.

**B. GOAL**

To increase energy affordability for LIHEAP recipient households.

**OUTCOME MEASURES**

1. Increase the number of households participating in the vendor- sponsored low-income programs, for example, vendor participation workshops.
2. Increase the number of previously served LIHEAP recipients making regular utility payments to vendor/suppliers.

**MEASURABLE ACTIVITIES**

1. Obtain from vendors a copy of the clients' payments 6 months before and 6 months after energy assistance for a comparison analysis.
2. Maintain an accurate record of the clients participating in vendor-sponsored programs.
3. Provide counseling and maintain an accurate record of energy conservation orientations and provide individual sessions.

**C. GOAL**

To increase efficiency of energy consumption for LIHEAP recipient households.

**OUTCOME MEASURES**

1. Increase the serviceable number of LIHEAP recipient households weatherized, including low/no-cost energy related home repair(s).
2. Increase the number of LIHEAP recipient households practicing energy conservation and receiving energy counseling and/or education.
3. Decrease the number of repeat LIHEAP households requiring intense targeting for regular assistance or crisis intervention.

**MEASURABLE ACTIVITIES**

1. Maintain an accurate record of the number of recipient households that were served.
2. Maintain an accurate record of the number of referrals to other programs/services.
3. Maintain an accurate record of the number of recipient households practicing effective energy conservation from the “client survey”.
4. Maintain an accurate record of the number of clients whose energy burden was reduced due to LIHEAP in combination with other energy resources, i.e., utility discounts.

**D. GOAL**

Perform leveraging activities to serve additional LIHEAP clients or provide a greater level of assistance to stabilize clients.

**OUTCOME MEASURES**

1. Serve additional LIHEAP clients.
2. Increase leveraging activities to generate a minimum amount of 15% of funds from the prior year to serve additional LIHEAP clients.
3. Solicit non-federal funds from philanthropic organizations.
4. Solicit in-kind gifts from philanthropic organizations and individuals.

**MEASURABLE ACTIVITIES**

1. Maintain an accurate number of LIHEAP clients served from leveraged funds.
2. Maintain an accurate listing of solicitations and funds received from foundations, corporations, and organizations.
3. Maintain an accurate number of households who were referred to non-LIHEAP energy related programs.



**E. GOAL**

To perform whole-house weatherization measures to a designated number of homes using LIHEAP funds, targeting households in which at least one member is elderly, disabled or a small child to reduce the energy cost/consumption of the household.

**OUTCOME MEASURES**

1. To decrease the energy cost/consumption of low-income households.
2. To increase the indoor quality of the homes of low-income households by addressing health and safety issues within the home.

**MEASURABLE ACTIVITIES**

1. Provide consumer education to household members participating and maintain record of all sessions.
2. Maintain an accurate record of the make-up of all households participating to include vulnerable household members.
3. Obtain statements from an adult household member to verify if the weatherization measures completed on the home have made a noticeable difference in the heating/cooling of the home.
4. Obtain energy bills for participating households for comparison over a 6-month period to observe actual increases/decreases in energy cost/consumption.

**F. GOAL**

Low income people, especially vulnerable populations, achieve their potential by Strengthening Family and Other Supportive Services.

**OUTCOME MEASURES**

1. To increase the number of low-income individuals or families served by Community Action that sought emergency assistance and increase the percentage of those households for which assistance was provided, including LIHEAP.
2. To increase the number of vulnerable population showing improvement as a result of receiving LIHEAP assistance or benefit.
3. To increase the number of households for which LIHEAP assistance avoids a loss of energy service.

4. Increase the number of households in crisis whose emergency needs are ameliorated due to LIHEAP assistance or benefit.
5. Increase the number of high consumption households realizing a reduction in energy burden as a result of receiving LIHEAP assistance or benefit and increase the number of households for which LIHEAP assistance avoids a loss of energy service.
6. Increase the number of LIHEAP recipients making regular payments to energy suppliers as a result of financial counseling and increase the number of LIHEAP recipient households who received low/no cost energy related home repair through WAP.
7. Increase the number of LIHEAP households who completed financial assistance/counseling sessions.

#### **MEASURABLE ACTIVITIES**

1. Maintain an accurate record of the number of individuals or families that sought emergency assistance and note the percentage of those households assisted.
2. Maintain an accurate record of the number of households whereby supportive services were provided.
3. Maintain an accurate record of the households that avoided energy service

**ATTACHMENT-MDHS PROGRAM INTEGRITY (MONITORING)****Statutory Reference 2605(b)(10)****MONITORING**

The Mississippi Department of Human Services (MDHS) is required to monitor the activities of its subgrantees by following the Single Audit Act Amendments of 1996, the Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and the OMB Circular A-133 Compliance Supplement. MDHS shall monitor each project, program, subgrant, function, or activity supported by a Federal award to assure compliance with applicable Federal regulations and that performance goals are achieved.

**POLICY**

MDHS has established uniform monitoring policies designed to ensure that all subgrants under the jurisdiction of MDHS are administered in compliance with Federal requirements and with the terms of the subgrant agreements. Monitoring subgrants, for compliance with the applicable Federal regulations, State laws, Agency policies, and the terms of the subgrant agreements, is the responsibility of the MDHS Division of Program Integrity.

Subgrant monitoring procedures may include several of the various options available. These options include: reviewing reports submitted by the subgrantee; reviewing documentation supporting expenses reported under MDHS subgrants; reviewing the subgrantee's single audit or program-specific audit results and evaluating audit findings and the subgrantee's corrective action plan; performing on-site reviews of fiscal and programmatic records and observing subgrantee operations; and/or, arranging for limited scope audits of specific compliance areas.

**Planning Considerations**

When determining the extent of monitoring procedures to perform, MDHS will consider factors such as the amount of the subgrant, the percentage of a Federal program's total funds awarded to subgrantees, and the complexity of the compliance requirements. To determine the appropriateness of monitoring procedures, MDHS will consider the cost-effectiveness of monitoring procedures compared to the relative size and complexity of the Federal awards administered by the subgrantee. The following factors will also be considered when determining the monitoring procedures to be performed to ensure compliance with the Federal regulations, State laws, Agency policies and procedures, and the terms of the subgrant agreement:

1. The amount of the subgrant in relation to the total amount of the program;
2. Prior experience of the subgrantee operating subgrants supported by Federal funds;
3. Results of the MDHS follow-up on prior year single audit findings;

4. Results of the review of documents submitted by the subgrantee;
5. Results of the desk review of supporting documentation for expenditures;
6. Results of previous on-site fiscal and programmatic reviews; and/or,
7. Specific requests by the MDHS Executive Director or Funding Division Director.

## **Monitoring Procedures**

### **1. Review of Reports Submitted by Subgrantees**

Subgrants may be monitored by reviewing reports submitted by the subgrantee for compliance with the subgrant agreement and program instructions. For example, the monthly reporting worksheets may be reviewed for accuracy and completeness or the quarterly programmatic report may be reviewed to ensure that each element of the Scope of Services is being met.

### **2. Review of Supporting Documentation for Expenditures**

Subgrants may be monitored by performing a desk review of supporting documentation for expenditures reported under the subgrant. This review consists of contacting the subgrantee and requesting documents to support certain amounts included on the subgrantee's reporting worksheets. These documents will be examined by the monitors to determine compliance with the subgrant agreement and with State and Federal regulations. The results of the desk review will be communicated in a written report to the subgrantee and to the MDHS Funding Division.

Desk reviews may be conducted at any time by staff of the MDHS, Division of Program Integrity. The desk review procedure may be used in lieu of or in conjunction with an on-site fiscal review or as a follow-up to an on-site fiscal review to ensure that corrective actions have been implemented.

Fiscal monitoring through a desk review will include, at a minimum, a review of all documents to support all expenses reported for one month of the subgrant period. Documents shall be reviewed to support costs reported on the reporting worksheet submitted for the month in which the highest dollar amount of expenses was reported as of the date that the schedule letter was prepared to begin the desk review and request support documents.

When fiscal monitoring is initiated through a desk review and sufficient documents are not provided by the subgrantee/contractor to support costs reported on the reporting worksheet, the desk review shall cease and fiscal monitoring shall be completed through an on-site review.

Fiscal monitoring shall not be performed through a desk review on the first subgrant awarded to a subgrantee. In addition, monitoring through a desk review shall be alternated with on-site reviews so that on-site fiscal monitoring is performed at least every other year.

Monitoring for programmatic compliance cannot be performed through a desk review.

### 3. Review of the Subgrantee's Single Audit Report for Compliance, Evaluation of Audit Findings, and Follow-up on Corrective Actions

Subgrantees that expend \$500,000.00 or more of Federal financial assistance during the subgrantee's fiscal year shall have an audit performed by an independent Certified Public Accountant in accordance with the Single Audit Act and OMB Circular A-133. As a part of MDHS' monitoring of each of its subgrants, these independent auditor's reports shall be obtained from the subgrantees and reviewed for compliance with Federal regulations.

Any audit findings identified in the independent auditor's reports, as well as the subgrantees proposed corrective action plans, shall be evaluated by the MDHS Funding Divisions. If the subgrantee's corrective action plan is acceptable, a management decision will be issued by the MDHS Funding Division to resolve the audit findings. The MDHS Division of Program Integrity will follow-up on the subgrantee's corrective action plan during the next on-site fiscal review that is conducted.

### 4. On-Site Reviews for Program Compliance

On-site reviews for program compliance are required to be conducted at least once during the subgrant period for every MDHS subgrant. On-site reviews for program compliance may be performed on any subgrant at any time and may be repeated as often as deemed necessary by MDHS. These reviews for program compliance will be conducted by the MDHS Division of Program Integrity.

The on-site programmatic reviews are formal in nature and are normally preceded by written notification to the subgrantee and to the appropriate MDHS Funding Division Directors. However, unannounced on-site programmatic reviews may also be conducted. On-site entrance and exit conferences will be conducted with subgrantee officials and a written report will be issued communicating the results of the review to the subgrantee and to the MDHS Funding Divisions. The Agency shall follow-up on the subgrantee's corrective action plan for any programmatic monitoring findings.

### 5. On-Site Reviews for Fiscal Compliance

On-site reviews for fiscal compliance will be conducted by the Division of Program Integrity, as provided under this section. These visits may also be conducted at the request of the MDHS Executive Director or the MDHS Funding Division Director.

These reviews are formal in nature and are normally preceded by written notification to the subgrantee. The appropriate Funding Division Directors shall also receive written notification of on-site fiscal reviews. However, unannounced on-site fiscal reviews may also be conducted. On-site entrance conferences will be conducted with subgrantee officials. Exit conferences will be

conducted and a written report will be issued communicating the results of the review to the subgrantee and to the MDHS Funding Divisions. MDHS shall follow-up on the subgrantee's corrective action plan for any fiscal monitoring findings.

#### 6. Limited Scope Audits of Specific Compliance Areas

The Agency may engage an independent Certified Public Accountant to perform a Limited Scope Audit of certain MDHS subgrants. The need for this type of review shall be determined on an individual basis and shall be documented by the Division of Program Integrity. The results of this review shall be communicated to the subgrantee and to the MDHS Funding Divisions in a written report.

#### Corrective Action Process

The Initial Report of Findings and Recommendations that is forwarded to the subgrantee and to the MDHS funding division shall require a written response from the subgrantee within fifteen (15) working days. Upon receipt of the response from the subgrantee, the Director of the Office of Monitoring and other appropriate staff shall assess each response for adequacy. If all responses are adequate, a letter will be issued to the subgrantee clearing all findings. If any responses do not adequately address the findings, the subgrantee will be notified in writing by the issuance of a Status Report acceptable to MDHS requiring a second response from the subgrantee within ten (10) working days.

If the subgrantee fails to satisfactorily resolve all of the monitoring findings, the Office of Monitoring will issue a Final Notice Letter to the subgrantee demanding that the subgrantee refund the amount of questioned costs and advising the subgrantee of the procedures to follow if they wish to request an administrative hearing with the MDHS Executive Director.

If the subgrantee does not respond to the Final Notice Letter, the subgrantee will be referred to the State of Mississippi Office of the Attorney General to recover the unresolved questioned costs, and the Agency may begin procedures for debarment and suspension against the subgrantee organization and the subgrantee authorized official.

#### Discovery of Possible Fraud, Mismanagement, or Program Abuse

In the event indications of possible fraud, mismanagement, or program abuse are discovered during the course of monitoring subgrants, the Director of the Office of Monitoring shall notify the Director of the Division of Program Integrity, who shall notify the MDHS Executive Director. The MDHS Executive Director and appropriate personnel will decide the course of action to be taken, including the degree of disclosure to subgrantee personnel and to the MDHS Funding Divisions. The format for reporting such incidents will be determined by the Director of the Office of Monitoring and/or the Director of the Division of Program Integrity, after consultation with the MDHS Executive Director.

**ATTACHMENT-DCS (T&TA)****Statutory Reference 2605(b)(10)**

DCS staff uses several tools and checklists to conduct an overall comprehensive review of the agencies' operations. Throughout both the programmatic and fiscal review process there should be ongoing, open communication with the staff to facilitate clarification of facts and prevent misunderstandings, provide the reviewer with a full understanding of the agencies' operations, and provide the agency with a full understanding of the review process.

Preliminary areas of noncompliance should be summarized and discussed with the Executive Director and/or designated staff during the exit conference. Copies of specific documents, supporting schedules, and reports obtained during the site visit to facilitate preparation of the report should be discussed during the exit conference. The agency is given the opportunity to provide comments and present additional information or explanation regarding a specific finding before it is included in the report.

The report should include specific timelines for any required corrective action associated with each finding. Copies of the report should be mailed to agency's Board and the agency's Executive Director. A copy should also be provided to the DCS Program Director and Compliance Officer.

The agency is required to respond in writing to each of the findings and observations mentioned in the report, including a detailed plan for taking corrective actions and implementing required changes. The initial response is due within 30 days from the date of the report. The agency's plan for resolution and corrective action will be reviewed by Compliance Team to ensure that all findings have been adequately addressed.

In the event an agency is unable or unwilling to correct a specified area of noncompliance within the prescribed timeline, DCS will report the deficiency to MDHS-Division of Program Integrity. If MDHS determines that the agency remains noncompliance in a specified area, DCS may contact DHHS to initiate proceedings to terminate the organization's designation as a Community Action Agency.

**ATTACHMENT-FAIR HEARING PROCESS****Statutory reference 2605(b) (13)****Client Level****Client Rights**

A client must be apprised of his/her right to a fair hearing at the time the application is made. Each entity has established a set of procedures which explicitly detail the proper local channels, with the appropriate time frames a client should follow, in his/her request for a fair hearing.

All appeals must be routed through the Division of Community Services.

**Step I**

After having exhausted all channels of resolution at the local level, the complainant has five (5) working days to submit an appeal to:

Director  
Division of Community Services  
Mississippi Department of Human Services  
Post Office Box 352  
Jackson, Mississippi 39205

This appeal must include, but not limited to, the following:

1. Name and address of complainant.
2. Name of entity in dispute.
3. Date of denial notification.
4. Reason for denial.
5. Justification noting why service(s) should be rendered.
6. Two (2) signed and dated copies of the appeal (an original and one copy).

The Director of the Division of Community Services shall have a period of ten (10) working days to research the matter, conduct a hearing, and render a written decision. If this decision is not satisfactory, the complainant may proceed with Step II.

**Step II**

The complainant shall have five (5) working days after receiving a decision in Step I to file an appeal with:

Executive Director



Mississippi Department of Human Services  
Post Office Box 352  
Jackson, Mississippi 39205

The procedures for filing such a complaint are the same as those listed in numbers 1-6 of Step I. The Executive Director of the Mississippi Department of Human Services shall have fifteen (15) working days to research the matter, conduct a hearing, and render a decision. Should the complainant deem this decision to be unsatisfactory, he/she may proceed to Step III.

### **Step III**

If the complainant is dissatisfied with the decision rendered by the Executive Director of the Mississippi Department of Human Services, the complainant shall have five (5) working days after receiving a written decision in Step II to file a complaint with the Secretary of the U.S. Department of Health and Human Services. The procedures for filing such a complaint are the same as those listed in Steps I and II. The complaint shall be filed with:

Secretary  
U.S. Department of Health and Human Services  
Office of Community Services  
370 L'Enfant Promenade, S.W., 5<sup>th</sup> Floor  
Washington, DC 20447

At this point the time frame for a response shall be determined solely by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is final and binding.

### **Entity Level**

#### **TERMINATION AND/OR SUSPENSION OF COMMUNITY ACTION ENTITIES**

The State shall notify, in writing, any community action entity which received funding under the Community Services Block Grant that a hearing on the proposed termination or suspension of such a community action entity, as result of alleged subgrant violation(s), State and/or Federal non-compliance, will be held. The procedures for such hearing are stated below.

A. Hearing notices will be directed from:

Executive Director  
Mississippi Department of Human Services  
Post Office Box 352  
Jackson, Mississippi 39205

B. The notice will include, but not limited to, the following:

1. Name and address of the community action entity whose grant is to be terminated or suspended.

2. Date and location of hearing.
  3. Reason(s) for hearing, that is, the alleged violations which are to result in termination or suspension.
- C. The Executive Director shall have a period of ten (10) working days after the hearing to render a decision, notify the entity, and forwarded all evidence and its conclusion to the Secretary of the U.S. Department of Health and Human Services for final review and determination.

**NOTE:** This procedure does not preclude or otherwise limit an eligible entity from seeking review and/or other remedy through the courts.

**ATTACHMENT-LEGAL NOTICE****Statutory reference 2605 (b) (12)**

LEGAL GRANTS  
(Block Grants)  
MISSISSIPPI DEPARTMENT OF  
HUMAN SERVICES  
Division of Community Services  
Legislative Public Hearing

The Mississippi Department of Human Services, Division of Community Services will be conducting the Legislative Public Hearing on the Community Services Block Grant and Low-Income Home Energy Assistance Programs under Title 26 of the Omnibus Budget Reconciliation Act of 1981, as amended. The hearing for the 2015 programs is scheduled for Tuesday, June 10, 2014, at 10:00 a.m. at the Mississippi State Capitol, 400 High Street, Room 113, Jackson, Mississippi.

The Community Services Block Grant provides funds for a range of activities to ameliorate the causes and effects of poverty. For Fiscal Year 2015, at least 90 percent of the funds allocated to the State through these grants will be contracted to non-profit community action agencies, migrant seasonal farm worker organizations or community-based organizations that meet the eligibility requirements as described in Section 675 of the Community Services Block Grant Act, as amended. The eligibility requirements for the program are outlined in the application process.

The Low-Income Home Energy Assistance Program assists eligible households to pay the costs of home energy bills and other energy-related services, for example, wood, kerosene, electricity, gas, heaters, blankets, fans and air conditioners. For Fiscal Year 2015, at least 90 percent of the funds allocated to the State through these grants will be contracted to private, nonprofit, and public agencies designated in accordance with Public Law 97-35, as amended. The eligibility requirements for the program are outlined in the application process.

Copies of the state plans are available for review at the Mississippi Department of Human Services by calling 601-359-4768 or 1-800-421-0762.

Inquiries, comments or suggestions regarding the block grant plan and/or eligibility requirements must be received on or before June 13, 2014 by the Division of Community Services, P. O. Box 352, Jackson, Mississippi 39205. Public comments will be reviewed before finalizing the 2015 State Plans for these programs.

**ATTACHEMENT-LEGAL NOTICE**

**Statutory reference 2605 (b) (12)**

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF COMMUNITY SERVICES**

**MEMORANDUM**

TO: Denise Williams  
Department of Purchasing

FROM: Nicole McBeath  
Division of Community Services

DATE: April 25, 2014

SUBJECT: Publication of Legal Notice

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The Division of Community Services requests that a legal notice concerning the Legislative Public Hearing on the Community Services Block Grant and Low-Income Home Energy Assistance Programs be published in the classified section of the twelve newspapers listed (See attachment). The information should be advertised on May 27, 2014 and June 3, 2014 and should appear one time in each newspaper. Please send us the copies of the newspaper advertisements from **three** different publishers as soon as they are announced.

Should you have any questions, please contact Nicole McBeath at 9-4765.

TMR:nm

Attachments

**ATTACHMENT-LEGAL NOTICE****Statutory reference 2605 (b) (12)**

Mississippi Department of Human Services  
Division of Community Services

**NEWSPAPERS**

- |  |  |
|--|--|
| 1. <b>The Jackson Advocate</b><br>115 East Hamilton<br>Jackson, MS 39202           | 7. <b>The Clarion Ledger</b><br>Post Office Box 40<br>Jackson, MS 39205-0040                 |
| 2. <b>The Natchez Democrat</b><br>Post Office Box 1447<br>Natchez, MS 39121-39221  | 8. <b>The Vicksburg Evening Post</b><br>Post Office Box 951<br>Vicksburg, MS 39180           |
| 3. <b>The Commercial Dispatch</b><br>Post Office Box 511<br>Columbus, MS 39703     | 9. <b>The Northeast MS Daily Journal</b><br>Post Office Box 909<br>Tupelo, MS 38801          |
| 4. <b>The Delta Democrat Times</b><br>Post Office Box 1618<br>Greenville, MS 38701 | 10. <b>The Hattiesburg American</b><br>Post Office Box 1111<br>Hattiesburg, MS 39401         |
| 5. <b>The Daily Corinthian</b><br>Post Office Box 119<br>Corinth, MS 38834         | 11. <b>The Clarksdale Press</b><br>Registrar<br>Post Office Box 1119<br>Clarksdale, MS 38614 |
| 6. <b>The Gulf Publishing Company</b><br>Post Office Box 4567<br>Biloxi, MS 39535  | 12. <b>The Meridian Star</b><br>Post Office Box 1591<br>Meridian, MS 39301                   |

**ATTACHMENT-LEGAL NOTICE**

**Statutory reference 2605 (b) (12)**

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF COMMUNITY SERVICES

**AGENDA**

2015 COMMUNITY SERVICES BLOCK GRANT (CSBG)  
AND  
2015 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

**LEGISLATIVE PUBLIC HEARING**

Tuesday, June 10, 2014, at 10:00 a.m.

MISSISSIPPI STATE CAPITOL  
400 HIGH STREET  
ROOM 113,  
JACKSON, MISSISSIPPI

- I. Opening Remarks and Introduction
- II. Purpose of Hearing
- III. Presentation of FY 2014 State Plan
  - LIHEAP
  - CSBG
- IV. Public Comments
- V. Closing Remarks

**ATTACHMENT-CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO**  
**SMOKE**

Public law 103-227, also known as the Pro-Children Act of 1994 (act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grants, contract loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residences, Portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and. / or the imposition an administrative compliance order on the responsible entity.

By signing this certification, the offer or/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

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Signature

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Title

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Organization

**ATTACHMEN-CERTIFICATION REGARDING LOBBYING**

## Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Signature

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Title

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Organization



**ATTACHMENT-CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND  
OTHER RESPONSIBILITY MATTERS****Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary  
Covered Transactions****Instructions for Certification**

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and

Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

- (1)The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2)Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**ATTACHMENT-CERTIFICATION REGARDING DRUG-FREE WORKPLACE  
REQUIREMENTS**

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This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

*Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

*Employee* means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements **Alternate I.** (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about –
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted –
    - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

**750 North State Street**

**Jackson, MS 39202 (Hinds County)**

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]



<b>2015 LIHEAP Tentative Allocations- June 2014</b>							
			Total		Program	Program	
			Allocation	Admin.	Support	Assistance	ECIP
<b>AJFC</b>							
	Adams	1.44%	340,374	9,199	16,559	298,886	15,731
	Claiborne	0.62%	146,550	3,961	7,129	128,687	6,773
	Copiah	1.10%	260,008	7,027	12,649	228,315	12,017
	Franklin	0.32%	75,639	2,044	3,680	66,419	3,496
	Jefferson	0.45%	106,367	2,875	5,175	93,402	4,916
	Lawrence	0.43%	101,640	2,747	4,945	89,251	4,697
	Lincoln	1.14%	269,463	7,283	13,109	236,618	12,454
	Total	5.50%	1,300,041	35,136	63,245	1,141,577	60,083
<b>BOLIVAR</b>							
	Bolivar	2.25%	531,835	14,374	25,873	467,009	24,579
<b>CENTRAL MS</b>							
	Attala	0.75%	177,278	4,791	8,624	155,670	8,193
	Carroll	0.38%	89,821	2,428	4,370	78,873	4,151
	Grenada	0.89%	210,370	5,686	10,234	184,728	9,723
	Holmes	1.39%	328,556	8,880	15,984	288,508	15,185
	Leflore	2.33%	550,745	14,885	26,793	483,614	25,453
	Montgomery	0.50%	118,186	3,194	5,750	103,780	5,462
	Yalobusha	0.62%	146,550	3,961	7,129	128,687	6,773
	Total	6.86%	1,621,506	43,824	78,884	1,423,858	74,940
<b>COAHMA</b>							
	Coahoma	1.60%	378,194	10,221	18,399	332,095	17,479
<b>GULF COAST</b>							
	George	0.44%	104,003	2,811	5,060	91,326	4,807
	Greene	0.34%	80,366	2,172	3,910	70,570	3,714
	Hancock	0.96%	226,916	6,133	11,039	199,257	10,487
	Harrison	4.31%	1,018,760	27,534	49,561	894,581	47,083
	Stone	0.40%	94,548	2,555	4,600	83,024	4,370
	Total	6.45%	1,524,594	41,205	74,169	1,338,758	70,461

<b>2015 LIHEAP Tentative Allocations- June 2014</b>							
			Total Allocation	Admin.	Program Support	Program Assistance	ECIP
<b>HINDS COUNTY</b>							
	Hinds	8.92%	2,108,431	56,985	102,572	1,851,430	97,444
<b>JACKSON COUNTY</b>							
	Jackson	3.20%	756,388	20,443	36,797	664,190	34,957
<b>LIFT</b>							
	Calhoun	0.51%	120,549	3,258	5,865	105,855	5,571
	Chickasaw	0.77%	182,006	4,919	8,854	159,821	8,412
	Itawamba	0.53%	125,277	3,386	6,095	110,007	5,790
	Lafayette	1.54%	364,012	9,838	17,709	319,642	16,823
	Lee	2.50%	590,928	15,971	28,748	518,899	27,310
	Monroe	1.25%	295,464	7,986	14,374	259,449	13,655
	Pontotoc	0.77%	182,006	4,919	8,854	159,821	8,412
	Union	0.79%	186,733	5,047	9,084	163,972	8,630
	Total	8.66%	2,046,974	55,324	99,583	1,797,465	94,603
<b>MADISON COUNTY CSA</b>							
	Madison	2.03%	479,833	12,968	23,343	421,346	22,176
<b>MID-STATE</b>							
	Desoto	2.30%	543,654	14,693	26,448	477,387	25,126
	Panola	1.65%	390,012	10,541	18,974	342,473	18,025
	Quitman	0.48%	113,458	3,066	5,520	99,629	5,244
	Tallahatchie	0.68%	160,732	4,344	7,819	141,140	7,428
	Tate	0.75%	177,278	4,791	8,624	155,670	8,193
	Tunica	0.50%	118,186	3,194	5,750	103,780	5,462
	Total	6.36%	1,503,321	40,630	73,135	1,320,078	69,478

<b>2015 LIHEAP Tentative Allocations- June 2014</b>							
			Total		Program	Program	
			Allocation	Admin.	Support	Assistance	ECIP
<b>MULTI-COUNTY</b>							
	Clarke	0.62%	146,550	3,961	7,129	128,687	6,773
	Jasper	0.64%	151,278	4,089	7,359	132,838	6,991
	Kemper	0.37%	87,457	2,364	4,255	76,797	4,042
	Lauderdale	2.68%	633,475	17,121	30,818	556,259	29,277
	Newton	0.64%	151,278	4,089	7,359	132,838	6,991
	Wayne	0.79%	186,733	5,047	9,084	163,972	8,630
	EC- Neshoba	1.05%	248,190	6,708	12,074	217,937	11,470
	EC-Scott	1.17%	276,554	7,474	13,454	242,845	12,781
	EC-Smith	0.49%	115,822	3,130	5,635	101,704	5,353
	Total	8.45%	1,997,336	53,982	97,168	1,753,877	92,309
<b>NORTHEAST MS</b>							
	Alcorn	0.99%	234,007	6,325	11,384	205,484	10,815
	Marshall	1.29%	304,919	8,241	14,834	267,752	14,092
	Prentiss	0.89%	210,370	5,686	10,234	184,728	9,723
	Tishomingo	0.69%	163,096	4,408	7,934	143,216	7,538
	Total	3.86%	912,393	24,659	44,387	801,179	42,167
<b>PRVO</b>							
	Covington	0.86%	203,279	5,494	9,889	178,501	9,395
	Forrest	3.20%	756,388	20,443	36,797	664,190	34,957
	Jeff Davis	0.59%	139,459	3,769	6,784	122,460	6,445
	Jones	2.60%	614,565	16,610	29,898	539,655	28,403
	Lamar	1.07%	252,917	6,836	12,304	222,089	11,689
	Marion	1.06%	250,553	6,772	12,189	220,013	11,580
	Pearl River	1.95%	460,924	12,457	22,423	404,741	21,302
	Perry	0.44%	104,003	2,811	5,060	91,326	4,807
	Total	11.77%	2,782,089	75,192	135,345	2,442,975	128,578

<b>2015 LIHEAP Tentative Allocations- June 2014</b>							
			Total		Program	Program	
			Allocation	Admin.	Support	Assistance	ECIP
<b>PRAIRIE OPPORTUNITY</b>							
	Choctaw	0.34%	80,366	2,172	3,910	70,570	3,714
	Clay	0.82%	193,824	5,238	9,429	170,199	8,958
	Lowndes	1.99%	470,379	12,713	22,883	413,043	21,739
	Noxubee	0.63%	148,914	4,025	7,244	130,762	6,882
	Oktibbeha	2.27%	536,563	14,502	26,103	471,160	24,798
	Webster	0.41%	96,912	2,619	4,715	85,099	4,479
	Winston	0.68%	160,732	4,344	7,819	141,140	7,428
	EC- Leake	0.71%	167,824	4,536	8,164	147,367	7,756
	Total	7.85%	1,855,514	50,149	90,268	1,629,342	85,755
<b>RANKIN COUNTY HRA</b>							
	Rankin	2.17%	512,925	13,863	24,953	450,404	23,705
<b>SOUTH CENTRAL CAA</b>							
	Simpson	1.06%	250,553	6,772	12,189	220,013	11,580
<b>SOUTHWEST MS</b>							
	Amite	0.59%	139,459	3,769	6,784	122,460	6,445
	Pike	1.75%	413,650	11,180	20,123	363,229	19,117
	Walthall	0.58%	137,095	3,705	6,670	120,384	6,336
	Wilkinson	0.45%	106,367	2,875	5,175	93,402	4,916
	Total	3.37%	796,571	21,529	38,752	699,475	36,814
<b>SUNFLOWER-HUMPHREYS</b>							
	Humphreys	0.64%	151,278	4,089	7,359	132,838	6,991
	Sunflower	1.52%	359,284	9,710	17,479	315,490	16,605
	Total	2.16%	510,562	13,799	24,838	448,328	23,596

<b>2015 LIHEAP Tentative Allocations- June 2014</b>							
			Total		Program	Program	
			Allocation	Admin.	Support	Assistance	ECIP
<b>UNITED</b>							
	Benton	0.36%	85,093	2,300	4,140	74,721	3,933
	Tippah	0.83%	196,188	5,302	9,544	172,274	9,067
	Total	1.19%	281,281	7,602	13,684	246,995	13,000
<b>WWISCAA</b>							
	Issaquena	0.14%	33,092	894	1,610	29,058	1,529
	Sharkey	0.29%	68,548	1,853	3,335	60,192	3,168
	Warren	1.52%	359,284	9,710	17,479	315,490	16,605
	Washington	3.03%	716,205	19,357	34,842	628,905	33,100
	Yazoo	1.32%	312,010	8,433	15,179	273,978	14,420
	Total	6.30%	1,489,138	40,247	72,445	1,307,625	68,822